

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>9/676876</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18	/		/		/		68		
19	/		/		/		69		
20	/		/		/		70		
21	/		/		/		71		
22	/		/		/		72		
23	/		/		/		73		
24	/		/		/		74		
25	/		/		/		75		
26	/		/		/		76		
27	/		/		/		77		
28	/		/		/		78		
29	/		/		/		79		
30	/		/		/		80		
31	/		/		/		81		
32	/		/		/		82		
33	/		/		/		83		
34	/		/		/		84		
35	/		/		/		85		
36	/		/		/		86		
37	/		/		/		87		
38	/		/		/		88		
39	/		/		/		89		
40	/		/		/		90		
41	/		/		/		91		
42	/		/		/		92		
43	/		/		/		93		
44	/		/		/		94		
45	/		/		/		95		
46	/		/		/		96		
47	/		/		/		97		
48	/		/		/		98		
49	/		/		/		99		
50	/		/		/		100		
TOTAL IND.	11		11		1		TOTAL IND.		
TOTAL DEP.	15		15		6		TOTAL DEP.		
TOTAL CLAIMS	26		26		7		TOTAL CLAIMS		